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NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _	09	083198

Total Fee Calculation

1 otal Fee Calculation								
	Fee Code	Total ≝ Claims	Number Extra	X F⇔	Fee_=	Total		
	Sm./Lg.			Sm. Entity	Lg. Entity			
Basic Filing Fæ	201/101				101	790		
Total Claims >20	203/103	74 -20 =	<u>54</u> x		22	1188		
Independent Claims >3	202/102		<u> </u>			100		
Mult, Dep Claim Present	204/104							
Surcharge	205/105				100			
English Translation	_139				105	130		
TOTAL FEE CALCULA	MOLT					2108		
Fees due upon filing th	ne application:							
Total Filing Fees Due	= \$	4108.00	<u>.</u>					
Less Filing Fees Submi	itted - \$	v						
BALANCE DUE	= \$	2,108.	00					
Office of Initial Patient	<u>Oa Q</u> Examination					1		

FORM OIPE-RAM-01 (Rev. 5/97)

- Application or Do									Docke	ocket Number		
E	PATENT APPLICATION FEE DETERMINATION RECORD 'Effective October 1, 1997 09/033/98											
			tive Octobe			<u> </u>			/	03	•	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)			_	SMALL I	NTITY	OR _	OTHER SMALL E	THAN NTITY			
FOR NUMBER FILED NUMBER		NUMBER E	XTRA		RATE	FEE		RATE	FEE 190			
BASIC FEE							//	38000	OR		96000	
TOTAL	L CLAIMS	7	minus	20 =	. 54			134=		OR	X818=	1188
INDEPENDENT CLAIMS minus 3 =		s 3 =	<u>. </u>			X\$39=			×78=			
MULT	IPLE DEPEND	ENT CLAIM PRES	ENT					+1 <i>30=</i>		OR	1270	270
* If the	a difference in col	lumn 1 is less than z	ero, enter "0" in	ootumr 2	ž .		_	TOTAL		OR		2248
CLAIMS AS AMENDED - PAFIT II							;			OB.	OTHER	
	ESSANCE SE	(Column 1)			umn 2) HEST	(Column 3)		SMALL	ENTITY	OR [SMALL	ENIIIT
ENT A		REMAINING AFTER AMENDMENT		NUN PREV	MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 83	Minus		74	= 9		x\$11=		OR	x\$22=	198
ME	Independent	•	Minus	***		=		x41=		OR	x82=	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] [+135=		OR	+270=		
							a	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	198
<u> </u>	p	(Column 1)		<u>`</u> _	lumn 2)	(Column 3)	1 r	70,		'		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NIJI PREN	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 84	Minus	•• 0	83	= 4		x\$112		OR	x\$22=	72.00
AMENDM	Independent	•	Minus	***		=		x41≐		OR	x82=	
	FIRST PRE	SENTATION OF	MULTIPLE	DEPEN	IDENT CL	AIM	J [+135=	-	OR	+270=	
(Column 1) (Column 2) (Column 3)						A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	72,00	
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PRIEV	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DM	Total	. 75	Minus	••	87			x\$11=		OR	x\$22=	1.
AMENDMENT	Independent	. 4	Minus	***	3	= /		x41=		OR	×82=	78
	<u> </u>	SENTATION OF					┛	+135=		OR	+270=	
"If the entry in column 1 is less than the entry in column 2, write "o" in column 8. "If the "Highest Number Previously Paid For" IN THIS SPA >E is less than 20, enter "20." ADDIT. FEE TOTAL ADDIT. FEE						OR	ADDIT. FEE	75.0				

FORM PTO-575 (Flow, 8/87)

*U.S. Government Printing 78500: 1807 - 430-571/89194

**COURSE 36:00

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